PART B - FEE(S) TRANSMITTAL

FEE Complete and send this form, together applicable fee(s), to: Mail Mail Stop ISS. Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a finitelated unless corrected below or directed otherwise in Block 1, by (3) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance ree nouncations.	
CURRENT CORRESPONDENCE ADDRESS (Note, Use Block !	for any change of address h

49754 7590 07/31/2007

TASER INTERNATIONAL, INC. 17800 N. 85TH STREET SCOTTSDALE, AZ 85255-9603

Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facesimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

				(Signature)		
			[(Date)
	APPLICATION NO.	FILING DATE	FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
ĺ	10/750,374	12/31/2003	Patrick W. Smith		101.00011	4893

TITLE OF INVENTION: SYSTEMS AND METHODS FOR IMMOBILIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/31/2007			
EXAM	IINER	ART UNIT	CLASS-SUBCLASS						
KITOV, ZEEV V		2836	361-232000	•					
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the p		. William	R. Bachand			
			or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Un recordation as set for	PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSI			(B) RESIDENCE: (CITY						
TASER I	nternationa	l, Inc.	Scotts	dale, Arizor	ıa				
				_					
Please check the approp	riate assignee category of	r eategories (will not be p	rinted on the patent) :	Individual 🖾 Corporati	on or other private grou	p entity U Government			
4a. The fellowing fee(s)	are submitted:	4	b. Payment of Fee(s): (Plea	ise first reapply any prov	riously paid issue fee sl	own above)			
Issue Fee			A check is enclosed.						
	No small entity discount		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 503337 (enclose an extra copy of this form).						
Advance Order -	# of Copies	-	overpayment, to Depo	sit Account Number 50	3337 (enclose an	extra copy of this form).			
5. Change in Entity Sta	itus (from status indicate	d above)	_						
	ns SMALL ENTITY stat			ger claiming SMALL EN					
NOTE: The Issue Fee as interest as shown by the	d Publication Fee (if req records of the United St	uired) will not be accepte ates Patent and Trademark	d from anyone other than to Office.	he applicant; a registered	attorney or agent; or the	assignce or other party in			
Authorized Signature	/William	R. Bachand	/	DateSep	tember 5,	2007			
Typed or printed nan		R. Bachand		Registration No					
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, Alexandria, Virginia 22:	nation is required by 37 of tiality is governed by 35 d application form to the ions for reducing this but /irginia 22313-1450. DO 813-1450.	FR 1.311, The informati 5 U.S.C. 122 and 37 CFR c USPTO. Time will var irden, should be sent to the O NOT SEND FEES OR	on is required to obtain or 1.14. This collection is es y depending upon the indi- te Chief Information Offic- COMPLETED FORMS T	retain a benefit by the pub timated to take 12 minutes ridual case. Any commen er, U.S. Patent and Trader O THIS ADDRESS. SEN	lic which is to file (and I s to complete, including is on the amount of time mark Office, U.S. Depar D TO: Commissioner fo	by the USPTO to process gathering, preparing, and e you require to complete timent of Commerce, P.O. r Patents, P.O. Box 1450.			

Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.